



National MS Society Information Sourcebook

www.nationalmssociety.org/sourcebook

Adrenocorticotrophic Hormone (ACTH)

Following clinical trials in the 1960s, adrenocorticotrophic hormone (ACTH, manufactured as H.P. Acthar® Gel) was approved in 1978 by the U.S. Food and Drug Administration (FDA) as a short-term treatment for acute exacerbations in multiple sclerosis. ACTH is an anterior pituitary hormone that stimulates the adrenal cortex to secrete cortisol, aldosterone, and other substances. Increased secretion of these natural steroids provides an anti-inflammatory and immunosuppressive effect to hasten recovery from an MS exacerbation. While it has not been demonstrated that ACTH affects the long-term course of the disease, its administration has consistently been shown to shorten the duration of attacks.

ACTH was unavailable for several years because of manufacturing shortages. There is once again a ready supply of H.P. Acthar Gel, and this medication is included in the Medicare formulary as an acceptable alternative to corticosteroids for the treatment of acute exacerbations of MS. The suggested dosing schedule for this medication, which is given by intramuscular injection, is 80 U daily on days 1-7, 40 U daily for days 8-11, and 20 U daily for Days 12-14 (the specific treatment regimen may vary from one physician to another). This regimen, which is recommended by the manufacturer based on the most recent studies of ACTH, differs somewhat from the recommendations included in the package insert. Discuss any concerns you have about dosing with your physician.

ACTH vs. High-Dose Corticosteroids

There have been a few studies comparing ACTH and high-dose intravenous infusions of methylprednisolone (IV MP) as a treatment for acute exacerbations of MS, the most recent published in 1989. Although these studies were hampered by different methodologies and treatment regimens, the ACTH and IV MP were found to be equally effective in hastening recovery of MS attacks. However, most MS specialist physicians recommend IV MP as the treatment of choice, in part because of the shorter treatment course that provides a more rapid response with fewer side effects, and also because of the unavailability of ACTH for several years. Now that ACTH is once again readily available, people with MS and their physicians will have the benefit of options from which to choose.

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See also...

Sourcebook

- Exacerbation
- Corticosteroids

Society Web Resources

- Spotlight: Exacerbations
www.nationalmssociety.org/Exacerbation
- Medications Used in MS
www.nationalmssociety.org/Meds
- Treatments
www.nationalmssociety.org/Treatments

The National Multiple Sclerosis Society is proud to be a source of information about multiple sclerosis. Our comments are based on professional advice, published experience, and expert opinion, but do not represent individual therapeutic recommendations or prescription. For specific information and advice, consult your personal physician.

To contact your chapter, call **1-800-FIGHT-MS** (1-800-344-4867) or visit the National MS Society web site: www.nationalmssociety.org.

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